

	United States Environmental Protection Agency Washington, DC 20460	<input type="checkbox"/> Registration <input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Other	OPP Identifier Number
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Application for Pesticide - Section I

1. Company/Product Number <p style="text-align: center;">93354-R</p>	2. EPA Product Manager <p style="text-align: center;">E. Miederhoff</p>	3. Proposed Classification <input type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) <p style="text-align: center;">BIOPROTECT P CONCENTRATE</p>	PM# <p style="text-align: center;">31</p>	
5. Name and Address of Applicant (Include ZIP Code) <p style="text-align: center;">ViaClean Technologies LLC 230 S. Broad Street, Suite 1201 Philadelphia, PA 19102</p> <input type="checkbox"/> Check if this is a new address		6. Expedited Review. In accordance with FIFRA Section 3 (c) (3) (b) (i), my product is similar or identical in composition and labeling to: EPA Reg. No. <u>87583-2</u> Product Name <u>Bio-Protect AM500</u>


Section - II

<input type="checkbox"/> Amendment - Explain below <input type="checkbox"/> Resubmission in response to Agency letter dated _____ <input type="checkbox"/> Notification - Explain below.	<input type="checkbox"/> Final printed labels in response to Agency letter dated _____ <input type="checkbox"/> "Me Too" Application. <input checked="" type="checkbox"/> Other - Explain below.
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Explanation: Use additional Page(s) if necessary. (For section I and Section II)**Response to Deficiency Letter:** 1) Provided data volume with Product Chemistry Information.**Contact:** Lisa M. Amadio, lisa.amadio@tsqconsulting.com, 202.828.8998**Section - III**

1. Material This Product Will Be Packaged In:			
Child-Resistant Packaging <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No * Certification must be submitted	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes" No. per Unit Packaging wgt. Container	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes" No. Per Unit Package wgt. Container	2. Type of Container <input type="checkbox"/> Metal <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify) _____
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input checked="" type="checkbox"/> Container	4. Size(s) Retail Container <p style="text-align: center;">8 oz, 32 oz., 1 and 5 gal. 55 gal., Tote, Tanker</p>	5. Location of Label Directions <input checked="" type="checkbox"/> On Label <input checked="" type="checkbox"/> On Labeling accompanying product	
6. Manner in Which Label is Affixed to Product <input checked="" type="checkbox"/> Lithograph <input checked="" type="checkbox"/> Other <u>Plastic Sleeve/Silk Screened</u> <input checked="" type="checkbox"/> Paper glued <input checked="" type="checkbox"/> Stenciled			

Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted if necessary to process this application.)			
Name <p style="text-align: center;">Lisa M. Amadio</p>	Title <p style="text-align: center;">Principal Regulatory Consultant</p>	Telephone No. (Include Area Code) <p style="text-align: center;">202-828-8998</p>	
Certification I certify that the statements which I have made on this form and all attachments are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.			6. Date Application Received <p style="text-align: center;">(Stamped)</p>
2. Signature 	3. Title <p style="text-align: center;">Agent for ViaClean Technologies LLC</p>		
4. Typed Name <p style="text-align: center;">Lisa M. Amadio</p>	5. Date <p style="text-align: center;">10-21-20</p>		